



a division of



UNITED STROKE ALLIANCE

Retreat & Refresh Stroke Camp
Sponsored by: Mercy Health
Location: Michindoh Conference Center in Hillsdale, MI
Date: August 23-25, 2019

Camper Registration Form

We're glad you're interested in Stroke Camp! Please fill out this registration form in its entirety and submit as soon as possible. Camp fills up fast and rooms are assigned on a first come, first served basis. Shirt sizes are not guaranteed for registrations received less than three weeks prior to camp.

See the last page of the registration form for more information about camp.

Please complete all of the requested information in each section.

Payment

Table with 3 columns: Fees, ATTENDANCE, and TOTALS. Includes rows for Adults, Children, and Children (4 and under) with associated costs and attendance counts.

Basic Camper Information

SURVIVOR BASIC INFORMATION

Form for survivor information including Name, Address, City, State, Birth Date, Age, Zip, Name Badge, and Preferred method of communication.

We encourage survivors to bring a caregiver with them. If you do not have a caregiver to attend with you, please note below a person who will be willing to pick you up from camp or the hospital in case of an emergency day or night.

My Caregiver will be with me: Yes No ()
If no, please provide a phone # where caregiver can be reached in case of emergency:

CAREGIVER BASIC INFORMATION

Form for caregiver information including Name, Address, City, State, Birth Date, Age, Zip, Name Badge, and Preferred method of communication.

ADDITIONAL FAMILY INFORMATION

Name: Age: Shirt Size (Circle one): S M L XL 2XL 3XL
Name: Age: Shirt Size (Circle one): S M L XL 2XL 3XL

Do any FAMILY MEMBERS require any special diet beyond heart healthy, diabetic friendly, or have any food allergies? Yes No

If YES, please describe the special diet/allergy (include names):

Helpful SURVIVOR Information

REMEMBER: The more info you provide, the more accurate we can be in assigning rooms and knowing how to assist you.

Physical Limitations

None Arm Weakness Leg Weakness Standing Transferring Walking

Other: _____

Communication Status

None Aphasia Apraxia Swallowing Problems

Assistance Needed (Assistance with activities of daily living must be provided by the survivor's caregiver!)

None Transferring Walking Bathing Toileting Dressing Eating Taking Medications

Other: _____

Medical Equipment (Please list any medical equipment necessary that **YOU** will be bringing (We have a very limited supply)):

None

Cane Used how often?: 100% of the time 80-90% 60-70% 40-50% Less than 50%

Walker Used how often?: 100% of the time 80-90% 60-70% 40-50% Less than 50%

Wheelchair Used how often?: 100% of the time 80-90% 60-70% 40-50% Less than 50%

Raised Toilet Seat Shower Chair/Bench Other: _____

- Month/Year of stroke: _____ / _____
- Type of stroke?: Clot/Blockage Bleed/Hemorrhage
- Which side of your body was affected: Right Left Both None
- How did you hear about camp? _____
- Does the SURVIVOR require any special diet beyond heart healthy, diabetic friendly, or have any food allergies? Yes No
If YES, please describe the special diet/allergy:
- What do you see as your most successful accomplishments since your stroke?:

- What still challenges you?:

- Is there any further information that may be helpful for us in better understanding the stroke survivor and his/her needs at camp?:

- Is there a particular topic you would like to learn about or a presenter you would like to hear from during the education session at camp?:

Helpful CAREGIVER INFORMATION

- Please list any special needs or physical limitation the CAREGIVER (If accompanying the survivor to camp) has that we need to be aware of prior to camp:
- Does the SURVIVOR require any special diet beyond heart healthy, diabetic friendly, or have any food allergies? Yes No
If YES, please describe the special diet/allergy: _____

****SPECIAL DIETS -Please note:** While our best efforts will be made to accommodate your request, we suggest you bring snacks and/or food to supplement your diet if you are concerned about having food available that you can eat.

****Your name, address, phone number, email address, and stroke date will be distributed to all in attendance at camp. All other information obtained for Stroke Camp is solely used in the event of a medical emergency and will be kept secured and confidential.**

NEXT STEP CHECKLIST AND INFORMATION

(This page is yours to KEEP)

Toledo Camp | Michindoh Conference Center in Hillsdale, MI | August 23-25, 2019

NOW:

Submit:

- ◆ Your Registration Form
- ◆ Deposit/Full Payment

To:

United Stroke Alliance
2000 W. Pioneer Pkwy, Ste. 16
Peoria, IL 61615

1 month prior to camp:

- Pay Balance** -If you paid only the deposit at the time of registration, please mail your remaining balance due to the Stroke Camp office (**address above**).

Ways you can pay for your registration:

- **OFFLINE:** Cash/Check (mail to address above. Checks can be made out to *Retreat and Refresh Stroke Camp*. Please be sure to specify exactly who and which camp the payment is for!!)

- **ONLINE:** www.strokecamp.org (Pay Camp Fees)

Approximately 1 or 2 weeks prior to camp:

- We will email or mail you (*whichever communication method you indicated on page 1 of this form*) a packet of information that includes:
 - ◆ The Weekend Schedule

- ◆ Camp & Facility Information
- ◆ Packing Check Guide
- ◆ Directions to camp
- ◆ Health History Form

Day of camp:

- Packing** -Make sure you have packed everything you need. Please refer to the "Packing Check Guide" we mailed/ emailed you if you need guidance. ***Don't forget any adaptive equipment that is necessary for you to perform your activities of daily living!***
- Health History Form** -Unless you have already mailed it to us, bring the COMPLETED health history form to check-in at camp. Be sure to include a copy of your medication list. We need this form for ALL participants: survivors, caregivers, and family members/friends. The form is available on the Camp Date/Registration page of www.strokecamp.org.

(If you have changed your mind and no longer plan to attend Stroke Camp, please call our office immediately to notify us as many of our camps have a wait list of participants. (309) 688-5450).

REMINDERS:

- ◆ A minimum \$25.00 (**nonrefundable**) per person deposit is requested with this application. Remaining balance is due one month prior to camp to the retreat weekend and is nonrefundable except in the case of a medical emergency. If you are registering less than one month prior to camp, the entire fee is due at this time. You can pay your camper fees by mailing a check payable to Stroke Camp. Once we have received your registration form/deposit, we will email or mail you (*whichever communication method you indicated on page 1 of this form*) a confirmed email/postcard.
- ◆ **Camp Check-in is 1:30pm-3:30pm on Friday afternoon for most camps!** Please make arrangements with you schedule so that you are able to join us for the start of the weekend.

GENERAL INFORMATION: What do we do at camp? Crafts, games, educational sessions, resources, pampering, friendships, good food, hiking/walking, discussion groups, informal chat with experts, Wii, entertainment, relaxing, and more!

NOTE: Outdoor activities will vary by retreat center location and time of the year, but may include fishing, boating, rock wall climbing, and swimming. The entire weekend is carefully planned for stroke survivors, caregivers, and family members. Activities are modified so that everyone can participate. Volunteers will support and assist you throughout the weekend. Visit www.strokecamp.org for more information about camp!

Room Assignments: Rooms are hotel style with a private bathroom. *Survivors attending without a caregiver may be paired with another survivor of the same gender when appropriate. Handicapped rooms will be assigned according to availability and need.*

Retreat & Refresh Stroke Camp (RRSC) does its best to review registrations. It is the responsibility of the registrant to submit a complete and accurate registration. RRSC reserves the right to reject or revoke a registration that it deems is inaccurate, incomplete, or for which registrant would not be suitable for RRSC's program(s), as determined in RRSC's sole and absolute discretion.

FOR MORE INFORMATION PLEASE VISIT:

www.strokecamp.org
www.unitedstrokealliance.org

Keep in touch with what's going on and get social with us



Questions?: Contact the United Stroke Alliance Office by calling (309) 688-5450 OR email registration@strokecamp.org